

Case Number:	CM14-0133291		
Date Assigned:	08/22/2014	Date of Injury:	04/01/2008
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 04/01/08. She is status post surgery on 01/28/13 for anterior cervical discectomy and fusion at C5-6 and C6-7 with intervertebral cage prosthesis and anterior cervical plate/screw fixation at C5-7. On 03/26/14, hardware removal was recommended and this was scheduled for 04/08/14. She saw [REDACTED] on 07/24/14 and was not having any significant neck pain. She had a little bit of a catch when swallowing. She was benefiting from PT and wanted to have some additional visits if possible. She was running low on her medications and was not using anti-inflammatories. Neurologically she was intact and her wounds were well-healed both anteriorly and posteriorly. Her instrumentation was in good position and there was no motion detected across the fused segments. She had a solid fusion and medication was continued. She completed visit #8 on 08/01/14. Her neck was doing well. She had met the goal of being independent with home exercises. On 08/05/14, 8 additional visits of PT were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for an additional 8 visits of postoperative physical therapy (PT) at this time. The MTUS guidelines state, regarding "displacement of cervical intervertebral disc: Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The claimant's surgery occurred over 6 months ago, and even though the hardware removal appears to have occurred less than 6 months ago, there are no current significant deficits on physical examination that support the continuation of postoperative supervised therapy. The claimant has no significant neck pain and no deficits of range of motion (ROM) or strength such that additional supervised exercises may be recommended. The claimant has attended what should have been a sufficient number of postoperative visits, and it appears the additional PT has been recommended at the claimant's request and is not being recommended for treatment of specific deficits of ROM or strength. No neurologic deficits appear to be present. Under these circumstances, the continuation of postoperative PT has not been clearly demonstrated as medically necessary.